

~ application form ~

# The Josephine Lavey Memorial Scholarship Award



I, \_\_\_\_\_ the president, along with the executive of the  
Name of Current Lodge President (Please Print Clearly)

\_\_\_\_\_ Lodge, in the City of \_\_\_\_\_

submit the name of the person listed below as a nominee for the Josephine Lavey Memorial Scholarship Award. We have read the guidelines to the general body of our Lodge.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name of Applicant (Please Print Clearly) Home Cell

Address: \_\_\_\_\_ City : \_\_\_\_\_ Prov. \_\_\_\_ PC: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Name, phone number, and relationship of the lodge member sponsoring the applicant:

\_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to the applicant  
Name of Lodge Member (must be a paid up member in good standing)

- **Complete the following (1 or 2) depending on your situation:**

1 - Name of the High School where presently enrolled full time: \_\_\_\_\_

2 - Name of the Secondary Education (University, College or Technical Institute) where presently enrolled full time:

\_\_\_\_\_ List the current year and course: \_\_\_\_\_

Is the Italian Language part of your curriculum or has it been in the past? \_\_\_\_\_

- **Attach an original transcript of your academic record for the preceding year.**
- **Attach a letter of not more than five hundred (500) words, written and signed by the applicant, explaining why he / she feels deserving of the award, making reference to extra-curricular activities and community involvement.**

The due date is **December 31, 12:00 Midnight.** Applications will not be accepted after due date.

Send applications to: Rev. Dn. John P. Shalala  
National Chaplain  
4114 Brookdale Drive  
Niagara Falls, ON L2H 2B4

Signature of Lodge President: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_